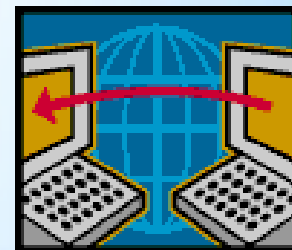




*Reinstatements in ALiS



*Resources and Information

- * The Reinstatement process is for educators who wish to activate an endorsement that expired more than one year prior to application.
- * An Educator may reinstate any endorsement that they previously held regardless how long ago the license expired. You are required to reinstate an endorsement at the level in which it lapsed.
- * [Link to online system](#)
- * [Activities that meet professional learning requirements](#)
- * Technical Assistance: AOE.AlisEDLicensing@state.vt.us
- * *Do not use Google Chrome to access the system and apply for a license. It is NOT compatible and will not work.*

*Before you start....

1. You must be registered in ALiS
2. To register go to our website at:
<https://alis.edlicensing.vermont.gov/login.aspx> and Click
'Register Here'. For more information on Registering Please
view the [Registering in ALiS](#).
3. You need to update your profile information
 - * Personal & Contact Information
 - * [Current Employment](#) - This is critical as your employment will link you with the correct Local Standards Board or the AOE for approval. Make sure that you select the correct SU and school information in the employment section of your profile.
 - * If you are not employed in a Vermont School please select "non-educational employment" or "other" and then complete the remaining details
4. Education Details
5. You will need a credit card or electronic checking account to complete the application process.

After you are finished updating your profile make sure you

Professional Learning for Level I Reinstatements:

- * 45 hours of new learning per endorsement
- * 15 hours of new learning specific to the endorsement being reinstated
- * All professional learning within the three years preceding the reinstatement application



Professional Learning for Level II Reinstatements:

- * 135 hours of new learning per endorsement (lapsed seven (7) year license)
- * 45 hours of new learning specific to the endorsement being reinstated
- * All professional learning within the seven years preceding the reinstatement application
- * This will change after 2020.



Self-Assessment:

- * Required if currently practicing under the endorsement to be reinstated.

**Verification of Self-Assessment based on
Learning Progressions/Core Teaching
Leadership Standards**

_____ Standards Board

I, _____, attest that
(Name of Educator)

I have completed a self-assessment of my teaching and/or leadership practice within six months of my renewal application based on the:

☐ Learning Progressions/Core Teaching Standards
☐ Core Leadership Standards

for:

_____ ; _____
(Code) (Endorsement Content Area)

(Signature of Educator)

(Date)

Rule: 5424, 5431, 5432, 5435

Any additional documentation required by endorsement:

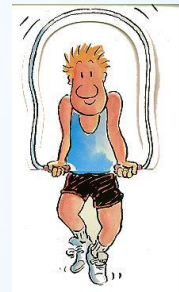
*Nurses

- ☐ Valid VT RN License
- ☐ Valid CPR-AED & First Aid



*PE teachers

- ☐ Valid CPR-AED & First Aid



*Health teachers

- ☐ Valid CPR-AED



*Driver Ed teachers

- ☐ Certified DMV Driving History



Criminal Record Check (may include):

- * Authorization to release to AOE
- * Letter of continuous employment
- * Complete/new Criminal Record Check
- * Depends on educator's situation
- * Not L/RSB responsibility



*To reinstate a license/endorsement an educator will select from What Do You Want to Do?

WHAT DO YOU WANT TO DO?	
<input type="checkbox"/>	View Pending Online Application(s)
<input type="checkbox"/>	Update Profile
<input type="checkbox"/>	Renew License(s)
<input type="checkbox"/>	Add New Endorsement
<input checked="" type="checkbox"/>	Reinstatement License(s)
<input type="checkbox"/>	Print License Details
<input type="checkbox"/>	Apply For Retired License
<input type="checkbox"/>	Apply for New License
<input type="checkbox"/>	Change Password
<input type="checkbox"/>	PL Activity



- * Personal Information and Contact Information screen will open and educator can review and edit.
- * If all is accurate - SAVE & Go to Next Step.

PERSONAL INFORMATION

LICENSE INFORMATION

EMPLOYMENT DETAILS & PROFESSIONAL LEARNING

GOOD STANDING DECLARATION

DISCLOSURE FORM

ATTESTATION

Please review PERSONAL Information for accuracy.

Personal Information

Last Name *	Hemmings	First Name *	Sally	Middle Name	J
Suffix		Maiden Names/Other First & Last Names ?		DOB *	01/06/1901
Gender *	Female	Ethnicity *	Prefer not to answer	Race *	Prefer not to answer
SSN *	xxx-xx-0006				

Contact Information

Our primary means of communication is by email. Please give us an email address you will check regularly, including during the summer.

Country *	United States	Street 1 *	Hemmings Ave	Street 2		State/Province *	Vermont	Zip *	01234
City *	Hemmings	Phone # - Ext. *	802-479-1700	Alternate Phone # - Ext.		Alternate E-mail		Fax	
Preferred E-mail *	deborah.giles@state.vt.								

Licensing and legal staff at the VT Agency of Education and your L/RSB Chair will be able to see your contact information. Whom else do you give permission to see your contact information?

☐ AOE Staff outside licensing ?

☐ Professional Organizations ?

☐ School Administrators ?

Reset

Save & Logout



Save & Go to Next Step



* Educators should **only select** buttons at the **bottom** of each page!!

* Educators should **NOT** select tabs at the top of each page.

* Doing so could create issues such as materials **NOT Saving!!**



PERSONAL INFORMATION **LICENSE INFORMATION** **PROFESSIONAL DETAILS & ORGANIZATIONS** **GOOD STANDING DECLARATION** **DISCLOSURE** **VERIFICATION**

Please review PERSONAL INFORMATION for accuracy.

Personal Information

Last Name * Hemmings First Name * Sally Middle Name J
Suffix Maiden Names/Other First & Last Names ?
Gender * Female Ethnicity * Prefer not to answer Race * Prefer not to answer
SSN * xxx-xx-0006 DOB * 01/06/1901

Contact Information

Our primary means of communication is by email. Please give us an email address you will check regularly, including during the summer.

Country * United States
Street 1 * Hemmings Ave Street 2
City * Hemmings State/Province * Vermont Zip * 01234
Phone # - Ext. * 802-479-1700 - Alternate Phone # - Ext.
Preferred E-mail * deborah.giles@state.vt. Alternate E-mail
Fax

Licensing and legal staff at the VT Agency of Education and your L/RSB Chair will be able to see your contact information. Whom else do you give permission to see your contact information?

☐ AOE Staff outside licensing ?
☐ Professional Organizations ?
☐ School Administrators ?

Reset **Save & Logout** **Save & Go to Next Step**

- * License Information screen will appear.
- * Educator will select Requested Action for endorsement wished to reinstate.
- * For multiple endorsements may choose which endorsements to reinstate.

Online Reinstatement Application
Fields marked with asterisk (*) are required.

PERSONAL INFORMATION

LICENSE INFORMATION

EMPLOYMENT DETAILS & PROFESSIONAL LEARNING

GOOD STANDING DECLARATION

DISCLOSURE FORM

ATTESTATION


License(s)/Endorsement(s) that can be Reinstated

License Type	Endorsement	Subject Limit	Grade Limit	Restriction Label	Expiration Date	Requested Action
I	4-19D (Middle Grades-Social Studies, Grades 5-9)	None	None	None	6/30/2015	<input type="text" value=""/>

Reset

Save & Logout

Save & Go to Next Step



Options are:

- *Do Not Reinststate
- *Reinststate

Then SAVE & Go to Next Step

Online Reinstatement Application

Fields marked with asterisk (*) are required.

PERSONAL INFORMATION → **LICENSE INFORMATION** → EMPLOYMENT DETAILS & PROFESSIONAL LEARNING → GOOD STANDING DECLARATION → DISCLOSURE FORM → ATTESTATION

License(s)/Endorsement(s) that can be Reinstated

License Type	Endorsement	Subject Limit	Grade Limit	Restriction Label	Expiration Date	Requested Action
I	4-19D (Middle Grades-Social Studies, Grades 5-9)	None	None	None	6/30/2015	Reinststate <input type="button" value="v"/>

Aithent Licensing System Version (LI&T) 1.3.135 Dated: June 18, 2015 | Copyright © 2015 Aithent Inc.

Employment Details appear next.

- * Educator verifies the info is correct and remembers not to put an ending date. For additional tutorial on adding employment click [here](#).

Professional Learning also appears and educator has option to select:

- * YES - PL has been submitted to L/RSB
- * No - PL has not been submitted to L/RSB - must then enter PL activities. For an additional tutorial on adding PL please click [here](#).
- * Has option to add more PL if needed, even if Yes selected.
- * Current L/RSB is listed at the bottom of this section (very important!!!)

Online Reinstatement Application

Fields marked with asterisk (*) are required.

PERSONAL
INFORMATION

LICENSE
INFORMATION

EMPLOYMENT DETAILS &
PROFESSIONAL LEARNING

GOOD STANDING
DECLARATION

DISCLOSURE
FORM

ATTESTATION

Employment Detail

Add Employment | Delete Employment

List all employment in the last ten years whether or not you worked in a school.

Employer Name	Start Date	End Date	%FTE	Continuing Employment	Employment Code
Barton Graded School	07/01/2012		100	Yes	Teacher - Level I, Level II and Retired

Professional Learning Activities

Add Activity | Delete Activity

List all the professional learning activities completed. If you have already provided the professional learning activities to your L/RSB, you are not required to list it again. If you choose to list professional learning activities here you will be able to upload the document(s) with the activities.

Have you provided the professional learning activities to your L/RSB? *

☐ Yes ☐ No

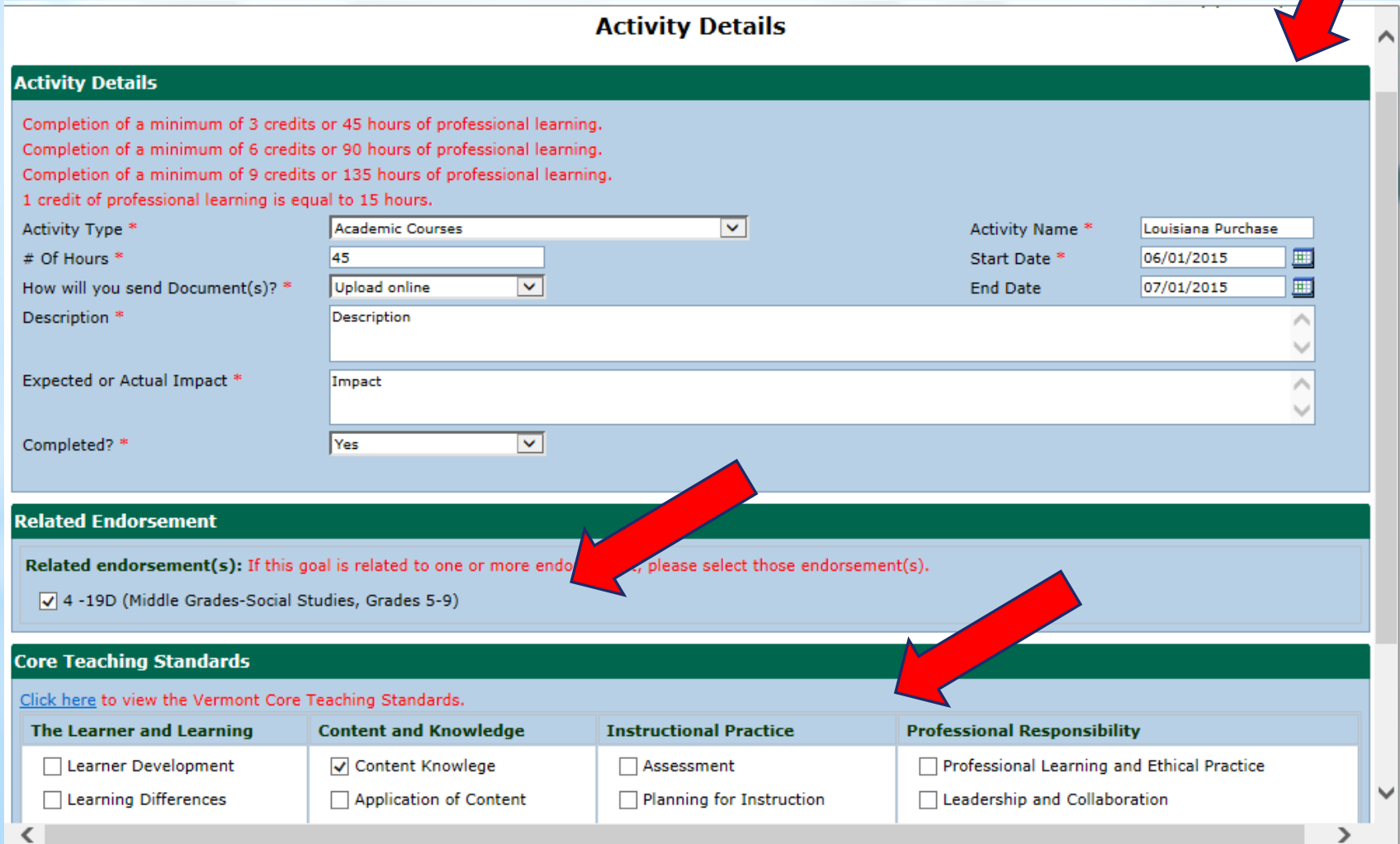
Your current L/RSB: Orleans Central

Reset

Save & Logout

Submit to L/RSB

- * Educator completes Activity Details
- * If activity applies specifically to endorsement - selects the endorsement to which it applies
- * Checks applicable teaching/leadership standards.



Activity Details

Completion of a minimum of 3 credits or 45 hours of professional learning.
Completion of a minimum of 6 credits or 90 hours of professional learning.
Completion of a minimum of 9 credits or 135 hours of professional learning.
1 credit of professional learning is equal to 15 hours.

Activity Type * Academic Courses
Of Hours * 45
How will you send Document(s)? * Upload online
Description *
Expected or Actual Impact * Impact
Completed? * Yes

Activity Name * Louisiana Purchase
Start Date * 06/01/2015
End Date 07/01/2015

Related Endorsement

Related endorsement(s): If this goal is related to one or more endorsement(s), please select those endorsement(s).

☒ 4 -19D (Middle Grades-Social Studies, Grades 5-9)

Core Teaching Standards

[Click here](#) to view the Vermont Core Teaching Standards.

The Learner and Learning	Content and Knowledge	Instructional Practice	Professional Responsibility
<input type="checkbox"/> Learner Development <input type="checkbox"/> Learning Differences	<input checked="" type="checkbox"/> Content Knowledge <input type="checkbox"/> Application of Content	<input type="checkbox"/> Assessment <input type="checkbox"/> Planning for Instruction	<input type="checkbox"/> Professional Learning and Ethical Practice <input type="checkbox"/> Leadership and Collaboration

*Selects OK at the bottom of the page

Related Endorsement

Related endorsement(s): If this goal is related to one or more endorsement, please select those endorsement(s).

☒ 4 -19D (Middle Grades-Social Studies, Grades 5-9)

Core Teaching Standards

[Click here](#) to view the Vermont Core Teaching Standards.

The Learner and Learning	Content and Knowledge	Instructional Practice	Professional Responsibility
<input type="checkbox"/> Learner Development	<input checked="" type="checkbox"/> Content Knowledge	<input type="checkbox"/> Assessment	<input type="checkbox"/> Professional Learning and Ethical Practice
<input type="checkbox"/> Learning Differences	<input type="checkbox"/> Application of Content	<input type="checkbox"/> Planning for Instruction	<input type="checkbox"/> Leadership and Collaboration
<input type="checkbox"/> Learning Environment		<input type="checkbox"/> Instructional Strategies	

OK

No Change-Close



*Uploads any documents

Online Reinstatement Application
Fields marked with asterisk (*) are required.

PERSONAL INFORMATION — LICENSE INFORMATION — **EMPLOYMENT DETAILS & PROFESSIONAL LEARNING** — GOOD STANDING DECLARATION — DISCLOSURE FORM — ATTESTATION

Employment Detail Add Employment | Delete Employment
List all employment in the last ten years whether or not you worked in a school.

Employer Name	Start Date	End Date	%FTE	Continuing Employment	Employment Code
Barton Graded School	07/01/2012		100	Yes	Teacher - Level I, Level II and Retired

Professional Learning Activities Add Activity | Delete Activity
List all the professional learning activities completed. If you have already provided the professional learning activities to your L/RSB, you are not required to list it again. If you choose to list professional learning activities here you will be able to upload the document(s) with the activities.
Have you provided the professional learning activities to your L/RSB? * ☒ Yes ☐ No

Activity Name	Start Date	End Date	# of Hours	Description	How You Will Send Documents	Document(s)
Louisiana Purchase	06/01/2015	07/01/2015	45	Description	Upload online	Documents (0) <input type="checkbox"/>

Your current L/RSB: Orleans Central
Reset Save & Logout Submit to L/RSB



*After uploading document, educator submits to L/RSB

Online Reinstatement Application

Fields marked with asterisk (*) are required.

PERSONAL
INFORMATION

LICENSE
INFORMATION

EMPLOYMENT DETAILS &
PROFESSIONAL LEARNING

GOOD STANDING
DECLARATION

DISCLOSURE
FORM

ATTESTATION

Employment Detail

Add Employment | Delete Employment

List all employment in the last ten years whether or not you worked in a school.

Employer Name	Start Date	End Date	%FTE	Continuing Employment	Employment Code	
Barton Graded School	07/01/2012		100	Yes	Teacher - Level I, Level II and Retired	

Professional Learning Activities

Add Activity | Delete Activity

List all the professional learning activities completed. If you have already provided the professional learning activities to your L/RSB, you are not required to list it again. If you choose to list professional learning activities here you will be able to upload the document(s) with the activities.

Have you provided the professional learning activities to your L/RSB? *

☒ Yes ☐ No

Activity Name	Start Date	End Date	# of Hours	Description	How You Will Send Documents	Document(s)	
Louisiana Purchase	06/01/2015	07/01/2015	45	Description	Upload online	Documents (1)	<input type="checkbox"/>

Your current L/RSB: Orleans Central

Reset

Save & Logout

Submit to L/RSB



*Educator is directed to payment page and makes payment.

*Reinstatement is submitted to L/RSB to review.

Fee Details	
Additional licensing fees will be requested when application review is completed.	
Application Processing Fee	\$40.00
<hr/>	
Total Fee	\$40.00

Edit Application

Pay Now



*After making a payment the following screen will appear:

Reinstatement Application Submitted

Confirmation

Thank you for using our online services. Your reinstatement application is being submitted to the Orleans Central Board for further review. Your online transaction number is 1934. Please read the checklist section for the items that will be reviewed by your Local/Regional Standards Board. You may attach supporting documents with each item.

Checklist

Item #	Item	View/Attach	Item Status
1	Verification of Self-Assessment on teaching and/or leadership practice	Documents (0)	Pending
2	Professional Learning Activities Review	Documents (0)	Pending
3	Others	Documents (0)	N/A

[Return to Home](#)[Logout](#)

Reinstatement Confirmation will list:

- * L/RSB name
- * Transaction number

Educator can now upload

- * Document of self-assessment or
- * Addition PL documentation or
- * Any other relevant documentation

Reinstatement Application Submitted

Confirmation

Thank you for using our online services. Your reinstatement application is being submitted to the Orleans Central Board for further review. Your online transaction number is 1934. Please read the checklist section for the items that will be reviewed by your Local/Regional Standards Board. You may attach supporting documents with each item.

Checklist

Item #	Item	View/Attach	Item Status
1	Verification of Self-Assessment on teaching and/or leadership practice	Documents (0)	Pending
2	Professional Learning Activities Review	Documents (0)	Pending
3	Others	Documents (0)	N/A

[Return to Home](#) [Logout](#)


*After uploading a Verification document.

Reinstatement Application Submitted

Confirmation

Thank you for using our online services. Your reinstatement application is being submitted to the Orleans Central Board for further review. Your online transaction number is 1934. Please read the checklist section for the items that will be reviewed by your Local/Regional Standards Board. You may attach supporting documents with each item.

Checklist



Item #	Item	View/Attach	Item Status
1	Verification of Self-Assessment on teaching and/or leadership practice	Documents (1)	Information Received
2	Professional Learning Activities Review	Documents (0)	Pending
3	Others	Documents (0)	N/A

[Return to Home](#)[Logout](#)

- * Educator's part is now done, so it is time for the L/RSB to review the reinstatement application.
- * Once your L/RSB or the AOE reviews your reinstatement, you will receive a notification email prompting you to log back in and complete the criminal record check and legal forms.
- * Log into your account and select View Pending Online Applications. Click the green complete application button. Complete the criminal record check question, legal forms, and submit your application to the AOE for final review.

Pending Online Application(s)						
Pending Online Application(s)						
Application Type	Transaction #	Date	Current Step	Application Summary	View Details	Action
Online Reinstatement Application	1934	07/01/2015	Complete Reinstatement Application by Candidate (Orleans Central)	N/A	View Details	Complete Application

* If you have not had a Criminal Record Check completed by the Agency or a Supervisory Union

- You will be prompted to complete the following information:

Online Reinstatement Application

Fields marked with asterisk (*) are required.

PERSONAL INFORMATION — LICENSE INFORMATION — EMPLOYMENT DETAILS & PROFESSIONAL LEARNING — **CRC INFORMATION** — GOOD STANDING DECLARATION — DISCLOSURE FORM — ATTESTATION

CRC Information

Have you undergone a fingerprint supported criminal record check completed by either a Vermont School District or the Vermont Agency of Education? ☐ Yes ☒ No

Place of Birth

City/Town *

Country *

State *

Additional state(s) where I have resided or been employed?

<input type="checkbox"/> Colorado	<input type="checkbox"/> Mississippi	<input type="checkbox"/> Rhode Island
<input type="checkbox"/> Hawaii	<input type="checkbox"/> Montana	<input type="checkbox"/> Utah
<input type="checkbox"/> Illinois	<input type="checkbox"/> New Brunswick	<input type="checkbox"/> Wyoming
<input type="checkbox"/> Massachusetts	<input type="checkbox"/> New Hampshire	

Reset **Save & Logout** **Save & Go to Next Step**

- The rest of the criminal record check process is completed via your 'checklist' when you submit your application. You will also pay the \$16.50 criminal record check fee when you submit your application.

* If you have had a
Criminal Record Check completed by
the Agency or a Supervisory Union

Online Reinstatement Application

Fields marked with asterisk (*) are required.

PERSONAL INFORMATION — LICENSE INFORMATION — EMPLOYMENT DETAILS & PROFESSIONAL LEARNING — **CRC INFORMATION** — GOOD STANDING DECLARATION — DISCLOSURE FORM — ATTESTATION

CRC Information

Have you undergone a fingerprint supported criminal record check completed by either a Vermont School District or the Vermont Agency of Education? ☒ Yes ☐ No

CRC Originator *

Supervisory Union *

Have you worked in a Vermont school district a period of time each school year from report date to current date? ☒ Yes ☐ No

Depending on the official report date additional information may be requested.

Reset **Save & Logout** **Save & Go to Next Step**

• You will be prompted to complete the ‘CRC Originator’ and Supervisory Union section. The rest of the criminal record check process is completed via your ‘checklist’ when you submit your application.

* Complete Good Standing Declaration Form



Good Standing Declarations

Child Support (You MUST check one:)

- ☐ I am not subject to a child support order; Or
- ☐ I am subject to a child support order and I am in good standing or in full compliance; Or
- ☐ I am not in good standing or in full compliance

Taxes (You MUST check one:)

- ☐ I am in good standing in regards to my Vermont Taxes (all returns are filed and paid); Or
- ☐ I have never lived or worked in Vermont and do not owe Vermont taxes; Or
- ☐ The liability for any Vermont taxes due and payable is on appeal; Or
- ☐ I am in compliance with a payment plan approved by Vermont Department of Taxes; Or
- ☐ I am not in good standing in regards to my Vermont taxes

Unemployment Compensation (You MUST check one:)

- ☐ This does not apply to me because I have never been an employer in Vermont; Or

District Court Fines / Judicial Bureau Fines (You MUST check one:)

- ☐ I do not have any unpaid judgments; Or
- ☐ I am in good standing with respect to any unpaid judgments; Or

- * You must select a response for each section. You may need to submit additional information depending on your response.
- * When this step is complete, 'Save & Logout' or 'Save & Go to Next Step'

* Complete the Disclosure



Disclosure Questions

If the answer to any of the questions "A" through "I" is "yes", you must provide a complete explanation. A "yes" answer to any of those questions is not an automatic denial of licensure. The circumstances will be investigated and reviewed. If you have previously reported the same incident to the Agency of Education, please indicate so.

	Question	Response
A.	Have you ever been convicted of a felony or misdemeanor? If yes, please provide a written explanation and specify the court that issued the conviction. Please note that a plea of nolo contendere counts as a conviction of a criminal offense.	<input type="radio"/> Yes <input type="radio"/> No
B.	Do you have any pending criminal charges? If yes, please provide a written explanation and specify the court that has jurisdiction of the charges.	<input type="radio"/> Yes <input type="radio"/> No
C.	Have you ever had an adverse action taken against any application, certificate, or professional license in any state? Adverse action includes but is not limited to the following: letter of warning, reprimand, denial, suspension, revocation, or cancellation.	<input type="radio"/> Yes <input type="radio"/> No
D.	Have you ever voluntarily surrendered a professional license or certificate or withdrawn an application for a professional license or certificate?	<input type="radio"/> Yes <input type="radio"/> No

- * You must select a response for each section. You may need to submit additional information depending on your response.
- * When this step is complete, 'Save & Logout' or 'Save & Go to Next Step'

* Attestation

You **MUST** check off the Attestation to be able to submit your application. This is your form of electronic signature.

Online Reinstatement Application
Fields marked with asterisk (*) are required.

PERSONAL INFORMATION

LICENSE INFORMATION

EMPLOYMENT DETAILS & PROFESSIONAL LEARNING

CRC INFORMATION

GOOD STANDING DECLARATION

DISCLOSURE FORM

ATTESTATION

Consent of Release of Information
Place of Birth
City/Town *
Country *
State *

United States
-- Choose One --

You must check the following:
☒ I hereby authorize release of any information of reports of abuse, neglect or exploitation substantiated against me and contained in Vermont Adult Abuse Registry and/or the Vermont Child Protection Registry to the Vermont Agency of Education.

Attestation
You must check the following:
☒ I certify that I have completed a Self-Assessment of my teaching and/or leadership practice or have not been practicing under this endorsement and therefore are not required to complete a Self-Assessment.
☒ I certify that the information provided on this application and in supporting documents and attachments is true and complete. I am aware that any falsification, misrepresentation or misstatement of material information may be grounds for denial of a license or for subsequent suspension or revocation thereof.
☒ I certify that I will complete the criminal record check process. Failure to do so could result in a licensing action pursuant to 16 V.S.A 1698(1)(F)

Click **SUBMIT TO AOE** to submit your application for final review.

If you need to have a criminal record check completed, you will be prompted to pay the \$16.50 fee.

Click next to checklist item 3 request for criminal record check (if applicable) and download the form. Have a notary sign the form, and mail it to the AOE. A specialist will contact you via email with the next step in the CRC process.

Reinstatement Application Submitted

Confirmation

Thank you for using our online services. Your license reinstatement application is being submitted to the Vermont Agency of Education for further review. Your online transaction number is 1966. Please read the checklist item(s) sections for items under review. You may attach supporting documents with each item.


If you would like to print your online application summary [click here](#)

Checklist

Item #	Item	View/Attach	Item Status
1	Review Good Standing Declaration.	Documents (0)	Pending
2	Review Disclosure form	Documents (0)	Pending
3	Request for Criminal Record Check.	Please click here to print the form. You need to print this form, have it notarized and mail to the Vermont Agency of Education.	Pending
4	Vermont Criminal Information Center, Fingerprint Authorization Certificate.	Please click here to print the form you need to take to a fingerprinting center. Click here to view the Vermont Criminal Records Check packet that contains information about Vermont Fingerprint Identification Centers and instructions for out-of-state/country applicants.	Pending
5	Others	Documents (0)	N/A
6	Clinical SLP License	Documents (0)	Pending


[Return to Home](#)[Logout](#)

- * Once an AOE specialist reviews your application, and approves it, you will receive a notification email prompting you to log back into your account and complete the final payment. Click the green pay now button.

Pending Online Application(s)						
Application Type	Transaction #	Date	Current Step	Application Summary	View Details	Action
Online Reinstatement Application	1948	07/28/2015	Reinstatement Review and approval by AOE (Orleans Central)	Application Summary	View Details	 Pay Now

- * You will then choose whether you would like to receive a formal copy of your license (additional fee of \$10). Choose yes or no then click pay now.

LICENSE INFORMATION

License Type	Endorsement	Grade Limit	Subject Limit	Issue Official Copy of License *
Professional Educator License (Level I)	4 -19D (Middle Grades-Social Studies, Grades 5-9)	None	None	Yes 

Back

Pay Now

- * Proceed through the payment screens to submit your final payment.

Fee Details	
License Printing Fee	\$10.00
Reinstatement - Level I License fee	\$150.00
<hr/>	
Total Fee	\$160.00

[Edit Application](#) [Pay Now](#)

- * You will receive a payment receipt confirmation via email.

Confirmation
Thank you for using our online services to make the payment for your Reinstatement License Application (transaction # 1948). If we need any additional information, the Vermont Agency of Education will contact you.

[Return to Home](#) [Logout](#)

- * An AOE specialist will now approve your reinstatement when payment is received. You will receive an email confirmation that your reinstatement is approved. You may then login to your account and print your license details. [Tutorial here](#).